

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

White Foundation IDDS - Circuit 2
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
1000 W. Tharpe Street
Tallahassee, Florida 32303

Review Date(s): September 14, 2011



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
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Diversion Performance Rating Profile

Program Name: White Foundation IDDS - Circuit 2
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 Location: Leon County / Circuit 2
 Review Date(s): September 14, 2011

QA Program Code: 1024
 Contract Number: P2063
 Number of Slots: 27
 Lead Reviewer Code: 110

Program Performance by Indicator/Standard

1. Management Accountability

1.01	Background Screening of Employees/Vol.	10
1.02	Provision of an Abuse Free Environment	10
1.03	Incident Reporting	NA
1.04	Pre-Service/Certification Requirements	8
1.05	In-Service Training Requirements	10
1.06	Supervisory Reviews	7

Exceptional 90%

2. Intervention and Case Management

2.01	Admission	8
2.02	PACT/Needs Assessment	8
2.03	YES Plan/ISP Development	7
2.04	YES Plan/ISP Implementation	7
2.05	Service Referrals	7
2.06	PACT Reassessments/YES Plan Updates	7
2.07	Release	8

Acceptable 74%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	45	50	90%					X
2. Intervention and Case Management	52	70	74%			X		

Overall Program Performance

Commendable 81%

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Intervention and Case Management, which are included in the Diversion Standards (July 2011).

Persons Interviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Program Director
<input type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input type="checkbox"/> DMHA or designee
1 # Case Managers | _____ # Clinical Staff
_____ # Food Service Personnel
_____ # Healthcare Staff
_____ # Maintenance Personnel
_____ # Program Supervisors | 1 # Other (listed by title):
<u>Community-Based Services Administrator</u> |
|---|--|---|

Documents Reviewed

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input checked="" type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input type="checkbox"/> Continuity of Operation Plan
<input type="checkbox"/> Contract Monitoring Reports
<input checked="" type="checkbox"/> Contract Scope of Services
<input type="checkbox"/> Egress Plans
<input type="checkbox"/> Escape Notification/Logs
<input type="checkbox"/> Exposure Control Plan
<input type="checkbox"/> Fire Drill Log
<input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Fire Prevention Plan
<input checked="" type="checkbox"/> Grievance Process/Records
<input type="checkbox"/> Key Control Log
<input type="checkbox"/> Logbooks
<input type="checkbox"/> Medical and Mental Health Alerts
<input type="checkbox"/> PAR Reports
<input type="checkbox"/> Precautionary Observation Logs
<input type="checkbox"/> Program Schedules
<input type="checkbox"/> Sick Call Logs
<input type="checkbox"/> Supplemental Contracts
<input type="checkbox"/> Table of Organization
<input type="checkbox"/> Telephone Logs | <input type="checkbox"/> Vehicle Inspection Reports
<input type="checkbox"/> Visitation Logs
<input type="checkbox"/> Youth Handbook
_____ # Health Records
_____ # MH/SA Records
2 # Personnel Records
2 # Training Records/CORE
3 # Youth Records (Closed)
5 # Youth Records (Open)
2 # Other: <u>Program specific group curricula (SUCCESS group, FOCUS group, etc.)</u> |
|--|--|--|

Surveys

_____ # Youth _____ # Direct Care Staff _____ # Other: _____

Observations During Review

- | | | |
|---|---|--|
| <input type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" type="checkbox"/> Facility and Grounds
<input type="checkbox"/> First Aid Kit(s)
<input type="checkbox"/> Group
<input type="checkbox"/> Meals
<input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline
<input checked="" type="checkbox"/> Program Activities
<input type="checkbox"/> Recreation
<input type="checkbox"/> Searches
<input type="checkbox"/> Security Video Tapes
<input type="checkbox"/> Sick Call
<input type="checkbox"/> Social Skill Modeling by Staff
<input checked="" type="checkbox"/> Staff Interactions with Youth | <input type="checkbox"/> Staff Supervision of Youth
<input type="checkbox"/> Tool Inventory and Storage
<input type="checkbox"/> Toxic Item Inventory and Storage
<input type="checkbox"/> Transition/Exit Conferences
<input type="checkbox"/> Treatment Team Meetings
<input type="checkbox"/> Use of Mechanical Restraints
<input type="checkbox"/> Youth Movement and Counts |
|---|---|--|

Comments

Items not marked were either not applicable or not available for review.

A youth and parent were informally interviewed while the QA team was on-site.

Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by FDJJ-1720:

Exceptional (10)	The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.
Commendable (8)	The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.
Acceptable (7)	The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.
Minimal (5)	The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.
Failed (0)	The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Daniel May, Lead Reviewer, DJJ Bureau of Quality Assurance

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at <http://www.djj.state.fl.us/QA/index.html>.

Standard 1: Management Accountability



Overview

White Foundation Intensive Delinquency Diversion Services (IDDS) - Circuit 2 is housed with the provider's community supervision program. Both of these programs share the same administrator, a Program Director, who is responsible for all aspects of programming and service delivery. There was a change in Program Director earlier this year, with the Community-Based Services Administrator serving as the Director for a brief period. A new Program Director was hired on August 2, 2011, and this individual had previously been a case manager with the community supervision program. There is also an administrative assistant, full-time case manager, and one newly hired part-time case manager. Further oversight is provided by the Community-Based Services Administrator, from the White Foundation's corporate office. The program serves eligible male and female youth regardless of age. The preferred age is fifteen or younger, but there are times when the State Attorney's Office refers older youth. Program services are available six (6) days per week. Circuit 2 consists of the following counties: Leon, Gadsden, Franklin, Jefferson, Liberty, and Wakulla Counties.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

- The program conducted a check of each staff's driver's license and automobile insurance during the pre-employment process. All staff are required to have a valid driver's license and automobile insurance prior to hire.
- Staff are required to sign a drug-testing policy, and there was evidence of drug-testing being conducted prior to staff being hired.

1.02: Provision of an Abuse Free Environment

Exceptional (10)

- The White Foundation has the youth and their parents or guardians complete a satisfaction survey upon completion of the program. The survey results indicated that the parents and the youth said the case managers were polite, courteous, and professional.
- Two personnel files were reviewed for disciplinary action. Neither of the staff had received disciplinary action related to this indicator during the past six months.
- The program had the Child Abuse Hotline telephone number posted in their office space.
- The staff received training on reporting child abuse allegations during the past year. The Program Director routinely addresses reporting requirements and awareness in monthly staff meetings.

1.03: Incident Reporting

Non-Applicable (NA)

- There was no evidence of any incidents that would require reporting to the Central Communications Center within the review period, and therefore this indicator is “non-applicable”.

1.04: Pre-Service/Certification Requirements

Commendable (8)

- At the time of the review, there were no newly hired staff whose 180 days (for the completion of pre-service training) had expired, and therefore no training record to review. However, one recently hired staff had completed approximately ninety (90) hours of training within three (3) months of hire. Additionally, it is the program’s practice to develop position-specific training plans for each new employee upon hire.

1.05: In-Service Training Requirements

Exceptional (10)

- One staff member was applicable for these requirements, and this individual completed approximately seventy-five (75) hours of training, with a majority of this training being instructor-led.
- There is a program-specific annual training plan to ensure that all staff receive appropriate and timely training.
- To further ensure that all training is accomplished, the Community-Based Services Administrator reviews training files at least three (3) times per year.
- In addition to CORE, the program uses the White Foundation’s "On-Line Supervisory Training" for supervisors, with a minimum expectation of 12 hours of training per year.

1.06: Supervisory Reviews

Acceptable (7)

- In three (3) of five (5) files reviewed, it was difficult to determine that the supervisor ensured that staff followed instructions from previous supervisory reviews. There was evidence of instructions being provided to the staff member, however, during this period three (3) different administrators completed the reviews, and so there was no follow-up on previous supervisory instructions.

Standard 2: Intervention and Case Management**Overview**

Of the five (5) files reviewed, all were Low or Moderate risk to re-offend according to the Positive Achievement Change Tool (PACT). However, each youth had at least one

documented risk factor in three of the four areas of family, school, substance abuse, or delinquency factors, which meets the admission criteria for IDDS programs in accordance with Florida Administrative Code.

Currently, one full-time case manager is responsible for all youth, with the part-time individual to begin services upon the completion of training. Based on a review of documentation in the Case Notebook Module in the Juvenile Justice Information System (JJIS), there was evidence that the case manager is actively involved with each youth whose file was reviewed. The case manager provided transportation to appointments, held conferences with youth, family, and/or school officials, conducted follow-ups with service providers, and assisted youth in completing their Youth-Empowered Success (YES) Plans.

Additionally, the program participates in community service programs, such as Adopt-A-Street and MRZ Outreach Center. The program also provides the gender-specific group SUCCESS (Social Unity Creating Choices Empowering Self-Sufficiency). This group addressed social, life, and vocational skills. The youth also participate in Project Payback, a local initiative that assists youth in paying back restitution.

2.01: Admission

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.02: PACT/Needs Assessment

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

2.03: YES Plan/ISP Development

Acceptable (7)

- A review of five (5) files found that twenty-six (26) of forty-one (41) Youth Requirements and PACT Goals in the YES Plan contained all the required intervention plan elements (who, what, and how often). Generally it was difficult to determine who the case manager would contact to verify completion.

2.04: YES Plan/ISP Implementation

Acceptable (7)

- A number of required actions were not completed at the frequency identified in the YES Plan. Generally, curfew checks were not documented more than once in a 90-day period, though the YES Plan required checks to be conducted three or more times in the same period. As a result, in four (4) of five (5) files the YES Plan action steps were not consistently completed.

2.05: Service Referrals

Acceptable (7)

- In one (1) of three (3) applicable files, there was no evidence that the program followed-up with the service provider within thirty (30) days of submitting the referral for services.

2.06: PACT Reassessments and YES Plan Updates

Acceptable (7)

- Two (2) of five (5) PACT Reassessments were conducted late. One was late by three (3) days, and the other by one (1) week.

2.07: Release

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

Overall Program Performance

Commendable 81%

